



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission

Office of the
NOV 20 2018

Statement of Committee Organization

1. Statement Information

Date: NOVEMBER 15, 2018

Type: ☐ New ☒ Amended (if amending, enter MEC ID C091206 & section changed 6)

2. Committee Information

PLOCHER FOR MISSOURI
Name of Committee

P.O. BOX 16065 CLAYTON MO 63105
Committee Mailing Address, City, State, & Zip

(314) 821-3326
Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

REBECCA SMUGALA - PLOCHER
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

12819 WOOD VALLEY CT ST. LOUIS MO 63131
Treasurer's Mailing Address, City, State, & Zip

(314) 821-3326
Treasurer's Home Telephone Number

()
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

()
Dep. Treasurer's Home Telephone Number

()
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

DEAN PLOCHER P.O. BOX 16065 CLAYTON MO 63105
Name & Mailing Address, City, State & Zip of Candidate

()
Telephone Number (Candidate Committees Only)

AUGUST 4, 2020
Election Date

STATE REPRESENTATIVE 69TH
Office Sought & Political Subdivision

REPUBLICAN
Political Party

SUPPORT
Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Treasurer

Candidate (Candidate Committees Only)

014)

Form must be completed in full & contain original signature(s), fax filings are not accepted.

Page 1 of 3